

POSITION	INITIALS	IL. O.	DATE
<b>FEE DETERMINATION</b>	112		03/15-01
<b>O.I.P.E. CLASSIFIER</b>		121	2/3
<b>FORMALITY REVIEW</b>	VM	920	05-11-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/14/01
2			
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	0	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	0	0	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here